Docket No.:09857/0202272-US0
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Toshiyoshi Fujiwara et al.

Application No.: 10/520,901 | Confirmation No.: 2780

Filed: April 13, 2005 | Art Unit: 1632

For: ONCOLYTIC VIRUS REPLICATING SELECTIVELY IN TUMOR CELLS | Examiner: W. C. W. Shen

DECLARATION OF TOSHIYOSHI FUJIWARA,
UNDER 37 C.F.R. § 1.132

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

I, TOSHIYOSHI FUJIWARA, do hereby declare and state as follows:

1. I am a citizen of JAPAN and I am more than 21 years of age.

2. I graduated from Okayama University in 1985 with an M.D. degree. I also received a Ph.D. from the graduate school of Okayama University in 1990. A copy of my Curriculum Vitae is attached as **Exhibit 1**.

3. I make this Declaration in support of the above-identified application of which I am a co-inventor.

4. I have read and am familiar with the instant application as it was filed in the U.S. Patent and Trademark Office (USPTO), the pending claims, and the outstanding Office Action mailed on June 20, 2008 in connection with this application.

Presented herein are preliminary results of an ongoing clinical trial using the viral vector construct OBP-301, an adenoviral vector containing: hTERT+ E1A-IRES-E1B construct (as recited in claim 4). The methods utilized in the clinical trials also fall within the scope of the presently claimed methods for killing cancer cells (claims 8-11). The results of the clinical trails described herein further illustrate the ability of the claimed polynucleotide and vector constructs to replicate in cancer cells as well as to kill the cancer cells. This clinical trial was done under my supervision (*see* page 2, section 15 of INVESTIGATIONAL NEW DRUG APPLICATION (IND): **Exhibit 2**).

CLINICAL TRIAL

A phase I study was designed to determine the feasibility and to characterize the pharmacokinetics of OBP-301 in patients with advanced solid tumors. OBP-301 is an adenoviral vector containing: hTERT+ E1A-IRES-E1B construct.

I. METHOD

A phase I dose-escalation trial was conducted in patients with histologically-confirmed solid tumors (n = 16) total; OBP-301 was injected directly into an index tumor <25cm^2 and

>1cm^2 at single, ascending doses of 1 × 10^{10}, 1 × 10^{11}, and 1× 10^{12} viral particles/tumor). All patients had failed standard chemo and radiotherapy.

II. RESULT

Sixteen patients (3 patients in cohort 1 and cohort 2, 10 patients in cohort 3) were treated. The primary tumor types were head and neck (n=2), breast (n=1), soft tissue (n=1), and others (n=5). Mild to moderate fatigue (56%), chills (38%), pyrexia (38%), injection site pain (31%) were the most commonly reported adverse events. Dose-limiting toxicity and unexpected severe adverse events were not observed. Nine out of 11 patients evaluated for response had stable disease at the day 28 assessment, and 9 patients showed 6.7% to 45.5% tumor size reduction. These results are summarized in the following tables.

Table 1 – First Occurrence of All Adverse Events Reported by At Least 20% of Patients

System Organ Class Preferred Term	$1x10^{10}$ VP (N=3) N (%)	$1x10^{11}$ VP (N=3) N (%)	$1x10^{12}$ VP (N=10) N (%)	Total (N=16) N (%)
General Disorders and Administration Site Conditions				
Chills	0 (0%)	0 (0%)	6 (60%)	6 (38%)
Fatigue	1 (33%)	2 (67%)	6 (60%)	9 (56%)
Injection Site Erythema	1 (33%)	1 (33%)	2 (20%)	4 (25%)
Injection Site Pain	1 (33%)	2 (67%)	2 (20%)	5 (31%)
Pain	0 (0%)	2 (67%)	2 (20%)	4 (25%)
Pyrexia	0 (0%)	0 (0%)	6 (60%)	6 (38%)
Nervous System Disorders				
Headache	1 (33%)	2 (67%)	1 (10%)	4 (25%)

Table 2 – Tumor size assessment – treated target lesion

No.	Dose	Primary	Injection Site	Tumor Size	Tumor Response
1	Cohort 1	SCC Primary unknown	Right Axillary Lymph Node	Pre-Injection : 2.5 x 1.5 (cm) Day 28 : 2.5 x 1.6 (cm) Day 56 : N/A (Resected)	Pre-Injection : 100% Day 28 : +6.6% Day 56 : N/A (Resected)
2	Cohort 1	Melanoma	Left Axillary Node	Pre-Injection : 4 x 2.8 (cm) Day 28 : 3.8 x 2.5 (cm) Day 56 : 4 x 2.5 (cm)	Pre-Injection : 100% Day 28 : -15.2% Day 56 : -10.8%
3	Cohort 1	Melanoma	Right Breast	Pre-Injection : 4.2 x 3.3 (cm) Day 28 : 3.6 x 2.8 (cm) Day 56 : N/A (Next Trial)	Pre-Injection : 100% Day 28 : -27.3% Day 56 : N/A (Next Trial)
4	Cohort 2	Salivary Grand	Left Head & Neck	Pre-Injection : 4.5 x 3.2 (cm) Day 28 : 4.3 x 3.2 (cm) Day 56 : 4.5 x 3.1 (cm)	Pre-Injection : 100% Day 28 : -4.5% Day 56 : -3.2%
5	Cohort 2	SCCHN	Right Head & Neck	Pre-Injection : 2.5 x 1.7 (cm) Day 28 : 2.2 x 1.7 (cm) Day 56 : 2.6 x 1.7 (cm)	Pre-Injection : 100% Day 28 : -12% Day 56 : +4%
6	Cohort 2	Leiomyo sarcoma	Right Abdomen	Pre-Injection : 2.5 x 2.0 (cm) Day 28 : 2.2 x 2.0 (cm) Day 56 : N/A (Next Trial)	Pre-Injection : 100% Day 28 : -12% Day 56 : N/A (Next Trial)
7	Cohort 3	Lung Cancer	Right Pelvis	Pre-Injection : 1.7 x 1.5 (cm) Day 28 : 1.7 x 1.4 (cm) Day 56 : 1.7 x 1.4 (cm)	Pre-Injection : 100% Day 28 : -6.7% Day 56 : -6.7%

8	Cohort 3	Melanoma	Left Musculoskeletal Soft Tissue	Pre-Injection : 3.3 x 1.4 (cm) Day 28 : 2.8 x 1.1 (cm) Day 56 : 2.5 x 0.8 (cm)	Pre-Injection : 100% Day 28 : -33.4% Day 56 : -56.8%
9	Cohort 3	NSCLC	Right Axillary Node	Pre-Injection : 3.5 x 4.7 (cm) Day 28 : 4.8 x 3.5 (cm) Day 56 : 5.0 x 3.7 (cm)	Pre-Injection : 100% Day 28 : +2% Day 56 : +12.4%
10	Cohort 3	SCCHN	Right Head & Neck	Pre-Injection : 2.8 x 1.8 (cm) Day 28 : N/A (Not evaluable) Day 56 : 3.1 x 2.1 (cm)	Pre-Injection : 100% Day 28 : N/A Day 56 : +29%
11	Cohort 3	SCCHN	Right Head & Neck	Pre-Injection : 5.0 x 2.6 (cm) Day 28 : 7.2 x 3.2 (cm) Day 56 : N/A (PD)	Pre-Injection : 100% Day 28 : +77.2% Day 56 : N/A (PD)
12	Cohort 3	Melanoma	Left Lower Leg	Pre-Injection : 1.5 x 1.5 (cm) Day 28 : N/A (Not evaluable) Day 56 : N/A (PD-new lesion)	Pre-Injection : 100% Day 28 : N/A(Not evaluable) Day 56 : N/A (PD-new lesion)
13	Cohort 3	Sarcoma	Left Head & Neck	Pre-Injection : 5.5 x 3.4 (cm) Day 28 : N/A (Withdraw) Day 56 : N/A (Withdraw)	Pre-Injection : 100% Day 28 : N/A (Withdraw) Day 56 : N/A (Withdraw)
14	Cohort 3	Basal Cell Cancer	Right Head & Neck	Pre-Injection : 2.8 x 1 (cm) Day 28 : 1.7 x 0.9 (cm) Day 56 : N/A (Next Trial)	Pre-Injection : 100% Day 28 : -45.4% Day 56 : N/A (Next Trial)
15	Cohort 3	Gall Bladder Cancer	Left Liver	Pre-Injection : 3.5 x 2.9 (cm) Day 28 : 2.9 x 2.8 (cm) Day 56 : 4.3 x 4.4 (cm)	Pre-Injection : 100% Day 28 : -20% Day 56 : +86%
16	Cohort 3	Breast Cancer	Left Liver	Pre-Injection : 1.5 x 0.9 (cm) Day 28 : N/A (Withdraw) Day 56 : N/A (Withdraw)	Pre-Injection : 100% Day 28 : N/A Day 56 : N/A

SCC = Squamous Cell Cartinoma

SCCHN= Squamous Cell Cartinoma Head & Neck

NSCLC= Non Small Cell laung Cancer

III. CONCLUSIONS

No dose-limiting toxicity, or maximally tolerated dose was identified. The viral construct OBP-301 was well-tolerated at doses producing infection in the cancer cells, demonstrated early antitumoral activity as reflected in the reduced tumor sizes, and is an excellent cancer treatment candidate.

In the clinical trial, the viral vector construct OBP-301 according to the presently claimed vectors, was successfully and safely administered to 16 patients, and no serious side effects were observed. There preliminary results illustrate the targeting specificity of OBP-301 (i.e., the minimal, or few side effects indicate little or no replication in normal cells), and show the viral vector construct OBP-301 replicates in and kills cancer cells.

I declare further that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Date: 10/9/08

Toshiyoshi Fujiwara

EXHIBIT 1

CURRICULUM VITAE

Name: Toshiyoshi Fujiwara, M.D., Ph.D.
Okayama University
Center for Gene and Cell Therapy
Okayama University Hospital
2-5-1 Shikata-cho, Okayama
JAPAN

Phone: (086) 235-7997
Fax: (086) 235-7884
e-mail: Toshi-f@and.okayama-u-c.jp

PERSONAL DATA

Date and place of birth:	November 14, 1960 Japan
Home address:	3-5-30 Higashiyama, Okayama, Japan
Home phone:	(086) 273-4663
e-mail:	p53jp-2001@yahoo.co.jp

EDUCATION

1990 Okayama University, Graduate School
Ph.D. in Surgery
Mentor: Dr. Kunzo Orita

1985 Okayama University Medical School,
M.D.

EXPERIENCE

2003 – present	Okayama University Hospital Associate Professor
1998 – 2003	Okayama University Hospital Assistant Professor
1994 – 1998	Okayama University Hospital Instructor
1991 – 1993	The University Texas M.D. Anderson Cancer Center Post doctoral fellow

PUBLICATIONS

SCIENTIFIC JOURNALS

Kishimoto, et al., *Nature Med.* (2006) 12:1213-1219
Fujiwara, et al., *J. Clinical Oncology* (2006) 24:1689-1699

EXHIBIT 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

INVESTIGATIONAL NEW DRUG APPLICATION (IND)

(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)

Form Approved: OMB No. 0910-0014.
Expiration Date: January 31, 2006
See OMB Statement on Reverse.

NOTE: No drug may be shipped or clinical investigation begun until an IND for that investigation is in effect (21 CFR 312.40).

1. NAME OF SPONSOR
Oncolys BioPharma, Inc.

2. DATE OF SUBMISSION
03/17/2006

3. ADDRESS *(Number, Street, City, State and Zip Code)*
2-3-9 Roppongi, Minato0ku
Tokyo 106-0032 JAPAN

4. TELEPHONE NUMBER *(Include Area Code)*
+81.3.5575.3378

5. NAME(S) OF DRUG *(Include all available names: Trade, Generic, Chemical, Code)*
Telomelysin, OBP-301

6. IND NUMBER *(If previously assigned)*

7. INDICATION(S) *(Covered by this submission)*
Histologically or cytologically confirmed advanced solid carcinoma

8. PHASE(S) OF CLINICAL INVESTIGATION TO BE CONDUCTED:
☑ PHASE 1 ☐ PHASE 2 ☐ PHASE 3 ☐ OTHER _____ *(Specify)*

9. LIST NUMBERS OF ALL INVESTIGATIONAL NEW DRUG APPLICATIONS (21 CFR Part 312), NEW DRUG OR ANTIBIOTIC APPLICATIONS *(21 CFR Part 314)*, DRUG MASTER FILES *(21 CFR Part 314.420)*, AND PRODUCT LICENSE APPLICATIONS (21 CFR Part 601) REFERRED TO IN THIS APPLICATION.
None

10. ***IND submission should be consecutively numbered. The initial IND should be numbered "Serial number: 0000." The next submission (e.g., amendment, report, or correspondence) should be numbered "Serial Number: 0001." Subsequent submissions should be numbered consecutively in the order in which they are submitted.***

SERIAL NUMBER
0

11. THIS SUBMISSION CONTAINS THE FOLLOWING: *(Check all that apply)*
☑ INITIAL INVESTIGATIONAL NEW DRUG APPLICATION (IND)
☐ RESPONSE TO CLINICAL HOLD

PROTOCOL AMENDMENT(S):
☐ NEW PROTOCOL
☐ CHANGE IN PROTOCOL
☐ NEW INVESTIGATOR

INFORMATION AMENDMENT(S):
☐ CHEMISTRY/MICROBIOLOGY
☐ PHARMACOLOGY/TOXICOLOGY
☐ CLINICAL

IND SAFETY REPORT(S):
☐ INITIAL WRITTEN REPORT
☐ FOLLOW-UP TO A WRITTEN REPORT

☐ RESPONSE TO FDA REQUEST FOR INFORMATION
☐ ANNUAL REPORT
☐ GENERAL CORRESPONDENCE
☐ REQUEST FOR REINSTATEMENT OF IND THAT IS WITHDRAWN, INACTIVATED, TERMINATED OR DISCONTINUED
☐ OTHER _____ *(Specify)*

CHECK ONLY IF APPLICABLE

JUSTIFICATION STATEMENT MUST BE SUBMITTED WITH APPLICATION FOR ANY CHECKED BELOW. REFER TO THE CITED CFR SECTION FOR FURTHER INFORMATION.

☐ **TREATMENT IND 21 CFR 312.35(b)** ☐ **TREATMENT PROTOCOL 21 CFR 312.35(a)** ☐ **CHARGE REQUEST/NOTIFICATION 21 CFR312.7(d)**

FOR FDA USE ONLY

CDR/DBIND/DGD RECEIPT STAMP	DDR RECEIPT STAMP	DIVISION ASSIGNMENT:
		IND NUMBER ASSIGNED:

12. **CONTENTS OF APPLICATION**

This application contains the following items: *(Check all that apply)*

- ☑ 1. Form FDA 1571 *[21 CFR 312.23(a)(1)]*
- ☑ 2. Table of Contents *[21 CFR 312.23(a)(2)]*
- ☑ 3. Introductory statement *[21 CFR 312.23(a)(3)]*
- ☑ 4. General Investigational plan *[21 CFR 312.23(a)(3)]*
- ☑ 5. Investigator's brochure *[21 CFR 312.23(a)(5)]*
- ☑ 6. Protocol(s) *[21 CFR 312.23(a)(6)]*
  - ☑ a. Study protocol(s) *[21 CFR 312.23(a)(6)]*
  - ☑ b. Investigator data *[21 CFR 312.23(a)(6)(iii)(b)]* or completed Form(s) FDA 1572
  - ☑ c. Facilities data *[21 CFR 312.23(a)(6)(iii)(b)]* or completed Form(s) FDA 1572
  - ☑ d. Institutional Review Board data *[21 CFR 312.23(a)(6)(iii)(b)]* or completed Form(s) FDA 1572
- ☑ 7. Chemistry, manufacturing, and control data *[21 CFR 312.23(a)(7)]*
  - ☑ Environmental assessment or claim for exclusion *[21 CFR 312.23(a)(7)(iv)(e)]*
- ☑ 8. Pharmacology and toxicology data *[21 CFR 312.23(a)(8)]*
- ☑ 9. Previous human experience *[21 CFR 312.23(a)(9)]*
- ☑ 10. Additional information *[21 CFR 312.23(a)(10)]*

13. IS ANY PART OF THE CLINICAL STUDY TO BE CONDUCTED BY A CONTRACT RESEARCH ORGANIZATION? ☑ YES ☐ NO

IF YES, WILL ANY SPONSOR OBLIGATIONS BE TRANSFERRED TO THE CONTRACT RESEARCH ORGANIZATION? ☑ YES ☐ NO

IF YES, ATTACH A STATEMENT CONTAINING THE NAME AND ADDRESS OF THE CONTRACT RESEARCH ORGANIZATION, IDENTIFICATION OF THE CLINICAL STUDY, AND A LISTING OF THE OBLIGATIONS TRANSFERRED.

14. NAME AND TITLE OF THE PERSON RESPONSIBLE FOR MONITORING THE CONDUCT AND PROGRESS OF THE CLINICAL INVESTIGATIONS

Hitoshi Kawamura, Ph.D., Director R&D Planning Dept. Oncolys BioPharma Inc

15. NAME(S) AND TITLE(S) OF THE PERSON(S) RESPONSIBLE FOR REVIEW AND EVALUATION OF INFORMATION RELEVANT TO THE SAFETY OF THE DRUG

Toshiyoshi Fujiwara, MD. , Ph.D.,Associate Professor, Center for Gene and Cell Therapy, Department of Surgery
Okayama University Graduate School of Medicine & Dentistry
Hitoshi Kawamura, Ph.D., Director R&D Planning Dept. Oncolys BioPharma Inc

I agree not to begin clinical investigations until 30 days after FDA's receipt of the IND unless I receive earlier notification by FDA that the studies may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold. I agree that an Institutional Review Board (IRB) that complies with the requirements set fourth in 21 CFR Part 56 will be responsible for initial and continuing review and approval of each of the studies in the proposed clinical investigation. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.

16. NAME OF SPONSOR OR SPONSOR'S AUTHORIZED REPRESENTATIVE

James G. Kenimer, Ph.D., President
Biologics Consulting Group, Inc.

17. SIGNATURE OF SPONSOR OR SPONSOR'S AUTHORIZED REPRESENTATIVE

James G. Kenimer

18. ADDRESS *(Number, Street, City, State and Zip Code)*

1317 King Street
Alexandria, VA 22314

19. TELEPHONE NUMBER *(Include Area Code)*

703-739-5695

20. DATE

03/17/2006

(WARNING: A willfully false statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)

Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Road
Beltsville, MD 20705-1266

Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research (HFM-99)
1401 Rockville Pike
Rockville, MD 20852-1448

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Please DO NOT RETURN this application to this address.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

STATEMENT OF INVESTIGATOR

(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)
(See Instructions on reverse side.)

Form Approved: OMB No. 0910-0014.
Expiration Date: January 31, 2006.
See OMB Statement on Reverse.

NOTE: No investigator may participate in an investigation until he/she provides the sponsor with a completed, signed Statement of Investigator, Form FDA 1572 (21 CFR 312.53(c)).

1. NAME AND ADDRESS OF INVESTIGATOR

John J. Nemunaitis, M.D.
Mary Crowley Medical Research Center
3535 Worth Street, Suite #302
Dallas, Texas 75246

2. EDUCATION, TRAINING, AND EXPERIENCE THAT QUALIFIES THE INVESTIGATOR AS AN EXPERT IN THE CLINICAL INVESTIGATION OF THE DRUG FOR THE USE UNDER INVESTIGATION. ONE OF THE FOLLOWING IS ATTACHED.

☒ CURRICULUM VITAE ☐ OTHER STATEMENT OF QUALIFICATIONS

3. NAME AND ADDRESS OF ANY MEDICAL SCHOOL, HOSPITAL OR OTHER RESEARCH FACILITY WHERE THE CLINICAL INVESTIGATION(S) WILL BE CONDUCTED.

Mary Crowley Medical Research Center
3535 Worth Street, Suite #302
Dallas, Texas 75246

4. NAME AND ADDRESS OF ANY CLINICAL LABORATORY FACILITIES TO BE USED IN THE STUDY.

JT Mallams Laboratory, 3812 Elm Street, Suite 156, Dallas, TX 75226
Laboratory Corporation of America 7777 Forest Ln Bldg C350 Dallas, TX 75230
Quest Diagnostic Clinical Laboratories, Inc. 4770 Regent Blvd. Irving, TX 75063
Texas Oncology Lab – Baylor 3535 Worth Street Dallas, TX 75246-2006

5. NAME AND ADDRESS OF THE INSTITUTIONAL REVIEW BOARD (IRB) THAT IS RESPONSIBLE FOR REVIEW AND APPROVAL OF THE STUDY(IES).

Mary Crowley Medical Research Center Institutional Review Board
1717 Main Street, 60th Floor
Dallas, TX 75201

6. NAMES OF THE SUBINVESTIGATORS *(e.g., research fellows, residents, associates)* WHO WILL BE ASSISTING THE INVESTIGATOR IN THE CONDUCT OF THE INVESTIGATION(S).

Charles Casey Cunningham, M.D.
Gerald Edelman, M.D., Ph.D.
Neil Nathan Senzer, M.D.
Michael C. Nemunaitis, M.D.
Minal Barve, M.D.

7. NAME AND CODE NUMBER, IF ANY, OF THE PROTOCOL(S) IN THE IND FOR THE STUDY(IES) TO BE CONDUCTED BY THE INVESTIGATOR.

A Phase I Dose-Escalation Study of Intratumoral Injection with Telomerase Specific Replication Competent Oncolytic Adenovirus, Telomelysin (OBP-301) for Various Solid Tumors

8. ATTACH THE FOLLOWING CLINICAL PROTOCOL INFORMATION:

☒ FOR PHASE 1 INVESTIGATIONS, A GENERAL OUTLINE OF THE PLANNED INVESTIGATION INCLUDING THE ESTIMATED DURATION OF THE STUDY AND THE MAXIMUM NUMBER OF SUBJECTS THAT WILL BE INVOLVED.

☐ FOR PHASE 2 OR 3 INVESTIGATIONS, AN OUTLINE OF THE STUDY PROTOCOL INCLUDING AN APPROXIMATION OF THE NUMBER OF SUBJECTS TO BE TREATED WITH THE DRUG AND THE NUMBER TO BE EMPLOYED AS CONTROLS, IF ANY; THE CLINICAL USES TO BE INVESTIGATED; CHARACTERISTICS OF SUBJECTS BY AGE, SEX, AND CONDITION; THE KIND OF CLINICAL OBSERVATIONS AND LABORATORY TESTS TO BE CONDUCTED; THE ESTIMATED DURATION OF THE STUDY; AND COPIES OR A DESCRIPTION OF CASE REPORT FORMS TO BE USED.

9. COMMITMENTS:

I agree to conduct the study(ies) in accordance with the relevant, current protocol(s) and will only make changes in a protocol after notifying the sponsor, except when necessary to protect the safety, rights, or welfare of subjects.

I agree to personally conduct or supervise the described investigation(s).

I agree to inform any patients, or any persons used as controls, that the drugs are being used for investigational purposes and I will ensure that the requirements relating to obtaining informed consent in 21 CFR Part 50 and institutional review board (IRB) review and approval in 21 CFR Part 56 are met.

I agree to report to the sponsor adverse experiences that occur in the course of the investigation(s) in accordance with 21 CFR 312.64.

I have read and understand the information in the investigator's brochure, including the potential risks and side effects of the drug.

I agree to ensure that all associates, colleagues, and employees assisting in the conduct of the study(ies) are informed about their obligations in meeting the above commitments.

I agree to maintain adequate and accurate records in accordance with 21 CFR 312.62 and to make those records available for inspection in accordance with 21 CFR 312.68.

I will ensure that an IRB that complies with the requirements of 21 CFR Part 56 will be responsible for the initial and continuing review and approval of the clinical investigation. I also agree to promptly report to the IRB all changes in the research activity and all unanticipated problems involving risks to human subjects or others. Additionally, I will not make any changes in the research without IRB approval, except where necessary to eliminate apparent immediate hazards to human subjects.

I agree to comply with all other requirements regarding the obligations of clinical investigators and all other pertinent requirements in 21 CFR Part 312.

INSTRUCTIONS FOR COMPLETING FORM FDA 1572
STATEMENT OF INVESTIGATOR:

1. Complete all sections. Attach a separate page if additional space is needed.
2. Attach curriculum vitae or other statement of qualifications as described in Section 2.
3. Attach protocol outline as described in Section 8.
4. Sign and date below.
5. FORWARD THE COMPLETED FORM AND ATTACHMENTS TO THE SPONSOR. The sponsor will incorporate this information along with other technical data into an Investigational New Drug Application (IND).

10. SIGNATURE OF INVESTIGATOR	11. DATE
	3/13/06

(WARNING: A willfully false statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)

Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Road
Beltsville, MD 20705-1266

Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research (HFM-99)
1401 Rockville Pike
Rockville, MD 20852-1448

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Please DO NOT RETURN this application to this address.

EXHIBIT 3

Oncolys BioPharma
"Powering Future Oncotherapy"
Oncolys Biopharma Inc.

基亞生物科技股份有限公司
MEDIGEN BIOTECHNOLOGY CORP.

NEWS

Oncolys BioPharma and Medigen Biotechnology Enters Strategic Alliance and License Agreement to Develop and Commercialize Telomelysin® (OBP-301) for a Potential New Treatment for Solid Tumors

Tokyo, Japan and Taipei, Taiwan – March 06, 2008 – Oncolys BioPharma, Inc. (Headquarters Tokyo, Japan, President & CEO: Yasuo Urata) and Medigen Biotechnology Corp. (Headquarters Taipei, Taiwan, Chairman: Stanley Chang) today signed a strategic alliance and license agreement to develop and potentially commercialize Telomelysin® (OBP-301), Oncolys' lead oncology clinical program, currently phase-I in the US. Under this agreement, Medigen has been granted rights to develop Telomelysin® for liver cancers or an alternative indication. Upon completion of phase-II, Medigen will have the option to acquire regional rights for Asian countries for Telomelysin® for all indications under this strategic alliance. Further, under this agreement, Oncolys committed to develop esophageal cancers, head & neck cancers or alternative indications, until the completion of phase-II, and have the option to continue development through commercialization. This strategic alliance aims to create and increase Telomelysin® value, where both companies, upon successful completion of the phase-II will share future potential revenues at pre-set Revenue-Sharing-Ratio. Both companies, under Oncolys leadership, will seek a global alliance with a major pharma partner to maximize the value of Telomelysin®.

For this agreement with Medigen, Oncolys will receive an up-front payment and potential future milestones. Total financial terms for this agreement, including up-front and milestones, may reach a total of US$198.9 million for combined strategic alliance and regional license for Asia and Japan region. This total amount is inclusive of a portion to be shared by the parties based on a pre-set Revenue-Sharing-Ratio.

"We are delighted and happy about forming this strategic alliance with Medigen, a leading Biotechnology company in Taiwan. Medigen has a proven track record and expertise in the field of liver diseases, and we strongly believe in Medigen to add-value and speed up the development of Telomelysin®. In addition, we believe on Medigen's future potential as a commercial partner in Taiwan, China and Asian markets" said Yasuo Urata, President and Chief Executive Officer of Oncolys.

"With our prior experience and track records in successfully conducting liver cancer trials under the auspice of US FDA, we believe the collaboration between Medigen and

Oncolys on OBP-301 is truly synergistic and value-added. Other than being a strategic collaborator in drug development, Medigen looks forward to a further partnership in licensing the Asian rights to bring Oncolys and its OBP-301 product into China and other Asian countries where Medigen has already had its business connections." said Dr. Stanley Chang, Chairman of Medigen Biotech Corporation.

About Telomelysin®:
Telomelysin® is a therapeutic modality derived from adenovirus. Telomelysin® is generated by replacing the normal transcriptional regulatory element of the E1A gene in the human adenovirus type 5 with the human telomerase reverse transcriptase (hTERT) promoter. Telomerase is an enzyme expressed in approximately 90% of all types of cancer cells. The hTERT promoter is the key for the expression of telomerase, as well as for the complete replication of chromosomal ends. Telomelysin® is able to achieve a high replication rate, due to the internal ribosome entry site (IRES) gene inserted between the E1A and E1B genes. Telomelysin® is currently in phase-I clinical development in the US targeting solid tumors and is expected to complete in the 1st half of 2008.

About Oncolys BioPharma Inc.
Oncolys BioPharma is a privately held biopharmaceutical company focused on the development of novel biologics for the treatment of cancer and infectious disease. The company's lead product for the treatment of cancer, Telomelysin® (OBP-301), is based on replication-competent oncolytic virus, and is being tested in Phase-I clinical trial in the U.S. for various solid tumors. A novel cancer diagnostic product, Telomescan® (OBP-401), is at validation stage (feasibility studies) and is expected to be effective in detecting various types of cancer. The company also has a major program for infectious disease, FESTINAVIR(OBP-601), in late pre-clinical stage (Pre-IND) for HIV/AIDS therapy. FESTINAVIR is a novel NRTI with highly promising safety and resistance profiles. In addition, Oncolys has the 1st negotiation rights for OBP-701 (TT-033), a novel therapeutic product containing three separate RNAi elements entrapped in an AAV protein coat, for the Asian territory, targeting HCV. For additional information, please visit www.oncolys.com

About Medigen Biotechnology Corp.
Medigen Biotechnology Corp. (hereinafter as MBC) is a public company in Taiwan, MBC was founded in 1999, focusing on the development of biopharmaceuticals for liver diseases and cancers in particular. With core competencies in molecular biology and clinical trials, MBC has 2 business platforms - New Drug Development (NDD), and Nucleic Acid Testing (NAT), respectively. NDD has a good track record in drug development, including PI-88 phase II trial for liver cancer in collaboration with Progen Pharmaceuticals of Australia, and many others in MBC's pipeline. With the successful launch of a series of innovative HLA typing kits, followed by highly sensitive pathogen detection products, NAT aims to provide automated and cost effective solutions in the field of molecular diagnostics. Combining the strength of both business platforms,

Medigen is well poised to become one of the leading biotech companies in Asia. For additional information, please visit www.medigen.com.tw

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